



COLORADO
 Department of Health Care
 Policy & Financing

MAGI MEDICAID
Monthly Maximum Income Guidelines¹
Effective April 1, 2021

Family Size	Parents & Caretaker Relatives 68% Poverty Level	Adults (Ages 19-65) 133% Poverty Level	Children (Ages 0-18) 142% Poverty Level	Pregnant Women 195% Poverty Level
1	730	1428	1525	2093
2	988	1931	2062	2831
3	1245	2434	2599	3569
4	1502	2938	3136	4307
5	1759	3441	3674	5044
6	2017	3944	4211	5782
7	2274	4447	4748	6520
8	2531	4950	5285	7258
9	2788	5453	5822	7995
10	3046	5957	6360	8733

¹ Co-payments may apply; no co-pays for American Indians, Alaska Natives, or for a pregnant woman and her household.
 Effective 1/1/2021 to 12/31/2021 Tax Filing Thresholds for a Tax Dependent or Child:

- Earned Income \$12,550
- Unearned Income \$1,100

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.
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